Large On-Site Sewage System (LOSS) Maintenance Log / Annual Reporting Form

Recommended Frequency	System Component / Maintenance Task	Date Maintenance Task Performed (check when task is completed)											
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Pi	ump / Pump Chamber												
Monthly	Visual Inspection												
Biannually	Check / Clean Screen(s)												
Biannually	Test Run Pumps												
Biannually	Check Float Switch Operation												
Pump	Controls / Electrical Panel												
Weekly	Record Elapsed Time Meter Readings												
Weekly	Record Dose Counters												
Monthly	Calculate Average Daily Flows												
Biannually	Manually Operate Controls												
Biannually	Check for Moisture & Corrosion												
Biannually	Test Alarm(s)												
Distrib	oution System / Drainfields												
Monthly	Inspect Monitor Ports												
Monthly	Inspect Drainfields for Ponding												
Biannually	Inspect and Exercise Valves												
Biannually	Rotate Fields												
Septio	Tanks / Pump Chambers												
Biannually	Check Sludge Levels												
Biannually	Check Floating Solids (Scum) Level												
Biannually	Check / Clean Effluent Filters												
Biannually	Check Inlets / Outlets												
Opera	ting Permit Requirements												
Annually	Renew Permit												
Annually	Annual Report												
	ne following information and / or make o	changes	as neede	d to assis	t us in m								
Cou	nty					Mana	ger						
System Name Approved Max. Flow					Phone	iue							
						FIIOHE	INO.						
Contact Person LOSS Legal Owner							Infor	mation P	rovided E	By:			
Owner Addre	988					N	ame						
Phone / Fax No						Date							

This form may be used to track LOSS maintenance. A completed copy will satisfy annual reporting requirements associated with your permit (attach pump/service receipts, if available). Contact Mamdouh El-Aarag at (509) 456-2754, or mamdouh.el-aarag@doh.wa.gov for questions and/or assistance regarding maintenance, permits, or annual reporting requirements.

Mail completed form to: Mamdouh El-Aarag, DOH Large On-Site Program, 1500 West Fourth Avenue, Suite 403, Spokane, WA 99204-1656, or send facsimile (FAX) to (509) 456-3127.